

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		1	
	IND	DEP	IND	DEP	IND	DEP		
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								